POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	Lw	68904	3/16/00	
O.I.P.E. CLASSIFIER		48	3/1/00	
FORMALITY REVIEW	1/3/	714811	1-8-11	
RESPONSE FORMALITY REVIEW	7-2-	100		

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0 Objected								
Claim Co. 6	Date	Ctaim	Date	Claim	Date .			
1 1 1 1 1 1 1 1								
		Final Original		Final				
		51		101				
(2)		52		102				
31111		53		103				
4		54		104				
5 11 1		55		105				
6		56		106				
7		57		107				
(B)		58		108				
(9)		59		109				
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12		62		112				
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43		93		143				
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45		95		145				
46		96		146				
47		97		147				
48		98		148				
49		99		149				
50		100		150				

If more than 150 claims or 10 actions staple additional sheet here